## NEWSLETTER



# VIRGINIA IMMUNIZATION INFORMATION SYSTEM VIRGINIA DEPARTMENT OF HEALTH

JULY-SEPTEMBER 2015

## What's New

## Did You Know...

## **VDH HPV Pilot Project**

The Virginia Division of Immunization will be rolling out a centralized HPV reminder/recall pilot program in late summer 2015. The primary objective of this project is to improve adolescent HPV vaccination coverage levels using centralized VIIS reminder/recall notices. *See page 2 for more information about this project and eligibility.* 

#### **New Vaccines in VIIS**

Three new vaccines have been added to VIIS: HPV9, Meningo B and Influenza Intradermal Quadrivalent. All vaccines can be added to a patient's record through the VIIS Electronic Inventory, Historical Data Entry, or via Data Exchange from your EMR (Electronic Medical Record) System. The ACIP (Advisory Committee on Immunization Practices) is still in the process of determining the recommendations for Meningo B. Therefore, a schedule for ACIP is not available in VIIS, as of yet, for Meningo B. The new trade names for the vaccines are:

- ♦ HPV 9 Gardasil 9
- ♦ Meningo B Trumenba and Bexsero
- ♦ Influenza Fluzone Quad Intradermal.

#### **Browser Compatibility**

VIIS has been updated to be fully functional in Safari, Chrome, Firefox and Internet Explorer. Prior to this release, it was impossible to enter a new client or update demographic information for a VIIS client using Safari, Chrome or Firefox. The recent updates have fixed this issue. We have found some settings may need to be modified if using Internet Explorer to access VIIS due to these fixes. Please contact your VIIS Consultant or the VIIS Help Desk if you have any issues navigating the VIIS Website.

#### **Comments in VIIS**

The comment "Refusal of All Childhood Vaccines" has been fixed.

# VIIS Registration & Training

#### **VIIS Training**

Are you in need of VIIS training or know a provider/school who wants access? Contact a VIIS Consultant at (804) 864-8055 or <a href="mailto:viisinfo@vdh.virginia.gov">viisinfo@vdh.virginia.gov</a>.

#### **VIIS Registration**

Provider registrations must be completed online using VERIP (Virginia Electronic Registration for Immunization Programs). Click on the following link to start the process: <a href="https://www.vdh.virginia.gov/verip">https://www.vdh.virginia.gov/verip</a>.

### **VIIS Administrator Training**

Training is required for all VIIS Administrators. The VIIS Administrator is the main point of contact for VDH. The VIIS Administrator is responsible for adding and editing user accounts and ensuring their staff is trained to use VIIS. When a VIIS user leaves a practice, the user's account should be disabled to prevent that person from logging into the registry under that practice. Contact your VIIS Consultant or the VIIS Help Desk if you need training on any of these administrative duties.

#### Moved or Gone Elsewhere

The status of a patient should be changed to "Inactive" when:

- The patient has informed you that they are going to another practice for care; or,
- When they have moved out-of-state and will not be receiving care from your practice. (The city and state should be changed for those patients who have moved out-of-state.)

By changing a patient's status to "Inactive", the patient is no longer considered part of your practice. If you have questions about this process, contact the VIIS Help Desk at 866-375-9795.

#### Pink Book

The 13th Edition of the Pink Book is now available online. To view online or download, visit: http://www.cdc.gov/vaccines/pubs/pinkbook/index.html.

# **Technology Corner**

#### Remove Pre-processor for Batch HL7 files

For those providers who manually upload data through the VIIS website from their Electronic Medical Record System (EMR), VIIS staff previously reviewed each file and then sent it to processing. This increased the amount of time it took VIIS to process each file. This functionality has changed so a file uploaded to VIIS will process immediately allowing providers to see how their file processed within minutes.

#### A Special Note about Data Quality

Since the registry's inception in 2005, VDH has hoped for the participation that VIIS now touts through its users accessing the VIIS website and also sending data electronically from EMR systems. With the amount of data now in VIIS and the amount of data exchanging each day, it is vital that each VIIS user take the responsibility of reviewing their own data to ensure VIIS is as accurate as possible. VDH routinely is checking the data quality in VIIS but we need your help too! If you see an error or inaccuracy in VIIS please let your VIIS Consultant or VIIS Help Desk know. Together, we will make VIIS more accurate to ensure the registry continues to be a great tool to assist you and your patients in making the best health care decisions in regards to immunizations.

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## **HPV Pilot Project Continued..**

Despite public health efforts, uptake of the HPV vaccine is lower than all other adolescent vaccines. According to the 2013 National Immunization Survey (NIS), Virginia ranks 44th in the country in HPV 3-dose coverage (27.6%, compared to 37.6% national) among adolescent women aged 13-17. HPV 1-dose coverage among males is 26.4%, below the national average of 34.6%. The Virginia Cancer Registry reports the cervical cancer incidence rate to be 6.3 per 100,000 females for the years 2007-2011. Eighty-three women died of cervical cancer in Virginia in 2013.

The Virginia Department of Health has designated the increase of adolescent women receiving 3 doses of HPV vaccine to 45% by mid-2016 and 60% by mid-2018 as a strategic planning objective. In order to increase HPV coverage rates among males and females, a multi-pronged approach is needed, targeting providers, parents as well as partners.

Reminder/recall (R/R) initiatives have shown to increase HPV coverage rates, with centralized systems demonstrating to be more effective than office-based systems. This pilot aims to develop and implement a centralized R/R system with a selected group of VIIS providers, in an effort to improve HPV coverage rates as well as assess the feasibility of a larger-scale centralized R/R initiative. The pilot will initially take place in *Thomas Jefferson* and *Prince William Health Districts*, and if successful, will expand to other regions.

Providers who utilize VIIS will be invited to participate in the project, via emails and outreach by the Regional VIIS Consultant. Participation in the pilot could be capped due to staffing limitations.

Eligibility criteria will include the following: **1)** willingness to update all adolescent patient histories, addresses (including email addresses if available) and patient statuses in VIIS prior to program implementation; **2)** participation in an assessment/feedback session, both before R/R implementation and six months after the R/R.

If you are a provider in the Thomas Jefferson or Prince William Health Districts and are interested in learning more about this project, please feel free to contact:

Nora Macklin, CDC Public Health Advisor nora.macklin@vdh.virginia.gov